Barriers to Meaningful Use in Medicaid

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Summary: The Health Information Technology for Economic and Clinical Health Act (HITECH) offers financial incentives for Medicaid providers to adopt and meaningfully use certified electronic health records (EHRs). To ensure that eligible professionals, including physicians, dentists, certified nurse-midwives, nurse practitioners, and some physician assistants, are able to qualify for and access these incentives, this 2-year project studied the barriers that Medicaid providers encounter when they try to achieve 'meaningful use' under the Centers for Medicare and Medicaid Services' (CMS') Medicaid EHR Incentive Program.

The project analyzed barriers that Medicaid providers face in adopting and using EHRs. The final report provides recommendations to help Medicaid providers take advantage of incentive payments, achieve meaningful use (MU), and ultimately use health information technology (IT) to improve health care for Medicaid beneficiaries. Data for this project were collected from rural and urban physicians, pediatricians, dentists, and mid-level providers using a structured interview guide for both in-person and virtual focus group meetings. A technical expert panel comprised of key stakeholders, including staff from the Office of the National Coordinator for Health IT, CMS, and the Health Resources and Services Administration, provided guidance on the study design, data collection instruments, data analysis, and final report recommendations. The final report recommendations were developed to inform current and future policy related to MU of EHRs among Medicaid providers.

Project Objectives:

- Identify the barriers to eligibility for the incentive payments; barriers to adoption, implementation, or upgrading of EHR systems; and barriers to achieving meaningful use. (Achieved)
- Develop actionable recommendations to overcome barriers identified above, including but not limited to technical assistance that could be made available to Medicaid providers. (Achieved)
- Provide data to inform the meaningful use objectives being developed by CMS for Stages 2 and 3 of the EHR Incentive Program. (Achieved)

2012 Activities: Activities focused on conducting 17 focus groups, analyzing the findings, and developing the final recommendations. The 17 focus groups included 12 groups of EHR adopters and five groups of non-adopters. Study participants included a mix of adult medicine physicians, pediatricians, nurse practitioners, physician assistants, certified nurse midwives, and dentists who were asked about their experiences with specific barriers and enabling factors to adopting and using EHRs.

Impact and Findings: Participants reported varying awareness of the Medicaid EHR Incentive Program. Key findings focused on awareness of the program and its influence on adoption and MU of EHRs. With regard to adopting EHRs, findings focused on the process of selecting an EHR that met the provider's needs. The reported barriers to adoption and MU of EHRs were not associated with serving a predominately

Medicaid-insured population, and were consistent with barriers that health care professionals have reported in other studies. However, all findings were useful in generating a set of recommendations for promoting MU of EHRs among health care professionals eligible for the Medicaid EHR Incentive Program. Barriers to implementing EHRs focused mostly on the ways in which an EHR did not function well in the course of providing clinical care and required frequent workarounds and additional time. Many participants reported that they were not currently meeting one or more of the Stage 1 MU objectives, which is likely to impede their ability to achieve future stages of MU.

The final report included four overarching recommendations for Federal and State agencies that want to minimize barriers to adoption and use of EHRs by Medicaid providers: 1) promote opportunities for a more proactive approach by Medicaid agencies to facilitate the achievement of MU among Medicaid providers; 2) recommend more targeted, coordinated technical assistance for Stage 1 MU for Medicaid providers; 3) promote planning for the Stage 2 MU requirements; and 4) create a short- and long-term research agenda that addresses sociocultural, technical, and training and technical assistance needs of Medicaid providers.

The findings from this study provide significant insight into the practice environments of both urban and rural Medicaid providers who have either adopted EHR technology or are considering doing so under the Medicaid EHR Incentive Program. Focus group participants provided detailed descriptions of challenges and successes in their attempts to integrate technology into their workflow and practice settings. While this study focused on Medicaid providers, many of the findings may be useful for any provider considering selecting and implementing an EHR in his/her practice.

Target Population: Adults, Medicaid, Pediatric*, Safety Net

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Synthesis and Dissemination

^{*}This target population is one of AHRQ's priority populations.